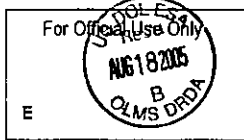


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9860	2 Fiscal Year Covered From 01/04/ Through 12/31/04/
3 Name and address of person filing Name KEVIN REDDY P O Box, Bldg, Room No, if any Street 35 SALINA AVE City Johnston R.I State R.I ZIP Code + 4 02919	4 Name, file number, and address of labor organization Name TEAMSTERS LOCAL 251 Labor Organization File Number 004-870030541 P O Box, Building and Room Number, if any Street 121 BRIGHT RIDGE AVE City EASTPROV. State R.I ZIP Code + 4 02914
5 Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Lou Sperling V.P. R.I.H Trade Name, if any Rhode ISLAND Hospital P O Box, Bldg, Room No, if any Street 593 Eddy City PROVIDENCE State R.I ZIP Code + 4 02903	7 a Nature of Interest, Transaction, or Income LUNCH MEETING GRIEVANCE SETTLEMENT 7 b Amount \$40.00

Signature

Kevin Reddy

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Kevin Reddy

On

8/5/04
Date

401 349 2030
Telephone Number

Name of Person Filing	KEVIN REDDY	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name COIA + CEPORE LTD

Trade Name if any

P O Box, Bldg, Room No., if any

Street 226 SOUTH MAIN ST

City PROVIDENCE

State R.I. ZIP Code + 4 02903

9 Business deals with

a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name TEAMSTERS LOCAL 251
H.S.I.P.

Trade Name, if any

P O Box, Bldg, Room No., if any

Street 1201 ELMWOOD AVE

City PROVIDENCE

State R.I. ZIP Code + 4 02907

11 a Nature of such dealing

PROVIDES LEGAL
BENEFIT FOR
PARTICIPANTS IN
251 H.S.I.P.

11 b Approximate dollar value of such dealing 263,712.80

12 a Nature of interest held or income received

CASE OF WINE
CHRISTMAS GIFT

12 b Amount 100.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name TEAMSTERS LOCAL 251 HSIP

Trade Name, if any

P O Box, Bldg, Room No., if any

Street 1201 ELMWOOD AVE

City Prov

State RI ZIP Code + 4 02907

14 a Nature of payment

Reimbursement for Cash Expenses
Incurred at out of town
MEETING (TAXI, TIPS, MEALS)

13 b Is the Business an Employer or Consultant ?

TRUST

14 b Amount of payment

\$140.

Name of Person Filing	KEVIN REDDY	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name SEAL CO</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 1165 HUNTINGTON AVE</p> <p>City Boston</p> <p>State MASSACHUSETTS ZIP Code + 4 02116</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="radio"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name TEAMSTERS LOCAL 251 H.S. LP</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 1201 ELMWOOD AVE</p> <p>City PROVIDENCE</p> <p>State R.I. ZIP Code + 4 02907</p>	<p>11 a Nature of such dealing</p> <p>ACCURIAL + CONSULTING SERVICES</p> <p>11 b Approximate dollar value of such dealing 106,000</p> <p>12 a Nature of interest held or income received</p> <p>CIRQUE DU SOLIEL 1/5 COST ON 12/1/04</p> <p>12 b Amount 4166</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing KEVIN REDDY	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name PROVIDENCE GROUP (MILLENBANTS)</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street 200 TURKS HEADPLACE SUITE 900</p> <p>City PROVIDENCE</p> <p>State R.I. ZIP Code + 4 02902</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="radio"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name TEAMSTERS LOCAL 251 H.S.I.P.</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street 1201 ELMWOOD AVE</p> <p>City PROV. R.I.</p> <p>State R.I. ZIP Code + 4 02907</p>	<p>11 a Nature of such dealing</p> <p>PROVIDES INVESTMENT ADVICE TO H.S.I.P. INVESTMENT MGR.</p>
	<p>11 b Approximate dollar value of such dealing 71,499.52</p>
	<p>12 a Nature of interest held or income received</p> <p>1/3 PRICE OF TICKET TO CIRCUS DU SOLHEL</p>
	<p>12 b Amount 211.66</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing KEVIN REDDY	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name UNITED HEALTH CARE Trade Name, if any P O Box, Bldg, Room No, if any Street 475 KILVERT ST City WARWICK State R. I. ZIP Code + 4	9 Business deals with a Labor Organization <input checked="" type="radio"/> b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name TEAMSTERS LOCAL 251 H.S.I.P Trade Name, if any P O Box, Bldg, Room No, if any Street 1201 ELMWOOD AVE City PROVIDENCE State R. I. ZIP Code + 4 02907	11 a Nature of such dealing BIDDING to provide Health CARE TO LOCAL 251 H.S.I.P 11 b Approximate dollar value of such dealing 20000 0 12 a Nature of interest held or income received DINNER + TRAVEL 12 b Amount 86.31

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

